



COMMISSION ON GOVERNMENTAL ETHICS AND ELECTION PRACTICES
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## 2007 STATEMENT OF SOURCES OF INCOME (1 M.R.S.A. §§ 1016-A - 1019)

Covering the calendar year January 1, 2007 through December 31, 2007

Please file this statement with the Clerk of the House or the Secretary of the Senate by 5:00 p.m. on February 15, 2008.

☐ Please check if this is an update to a pr	eviously filed statement for the calendar year	r 2007.
	LEGISLATOR INFORMATION	
Name Jacqueline A. Lund	leen	Member of:  ☐ House ☐ Senate
Mailing address		District District
Po. Box 471		SiX
City, zip code	Phone	
MARS Hill, Main	(207)429-8558	
PART 1. INCOM	E DERIVED FROM EMPLOYMENT BY ANO	OTHER
List the name and address of each emplo principal type of economic activity of each e	yer from whom you received compensation mployer.	of \$1,000 or more. Specify the
Name of Employer	Address	Principal Type of Economic Activity of Employer
		FARMING
West Ridge Farms	509 West Ridge Rol	
	MARS Hill, Me. 04758	
	The Contraction of the Contracti	
	COME DERIVED FROM SELF-EMPLOYMENT r Legislators who are self-employed.)	NT .
A. List the name and address of your bus derived income. If associated with a partner areas of economic activity of that entity.	siness, if any, and list the major areas of earship, firm, professional association, or sim	economic activity from which you ilar business entity, list the major
Name and Address of Business Entity	Major Areas of Economic Activity (self)	Major Areas of Economic Activity (partnership, association or similar business entity)
Name: Nowe Address:	The second secon	
Name:	in a supplementation of the second section of the section of the section of the second section of the s	er e
Address:		•

PÅ	RT 2 (continued). INCOME DER (For Legislators who		LOYMENT
is greater, and specify the princ	derived from self-employment that rep cipal type of economic activity of the e rule, or an established code of profes	oresents more than 10% of y	your gross income or \$1,000, whichever you derived such income. If this form of the principal type of economic activity of
	Name and Address of Source		Principal Type of Economic Activity of Entity or Person Who is the Source of the Income
Name:	•		
Address: None	A terror A is 3 to the control of th		
Name:			
Address:			
	PART 3. MAJOR AR (For Legislators who are		
List your major areas of practic	e. If associated with a law firm, list the	and the state of t	A CARDON CONTROL VICTOR
Name	and Address of Firm	Major Areas of (self)	Practice Major Areas of Practice (firm)
Name:			
Address: Nowe			
Name:			
Address:			
	PART 4. OTHER SOL	JRCES OF INCOME	
List each source of income of \$	1,000 or more <u>not listed</u> in Parts 1, 2,	or 3 of this form. Do not inc	clude gifts. If none, check the box.
None			
	Name and Address of Source		Kind of Income (investments, leases, etc.)
Name:			
Address:			
Name:	· · · · · · · · · · · · · · · · · · ·		
Address:	· • • • • • • • • • • • • • • • • • • •		·
	PART 5. REPORTA	ABLE LIABILITIES	1
List the names of creditors for areas of economic activity of ea	any <u>unsecured</u> loans of \$3,000 or mo ach creditor. Do not list loans from a r	ore that you received during elative. If none, check the b	the reporting period, and list the major oox
None			
	Name and Address of Greditor		Principal Type of Economic Activity of Creditor
Name:			
Address.			·
Name:			
. Address:			
	PART 6. REPOR	RTABLE GIFTS	
			nore than \$300 from a single source. If
None	The second secon	A STAN BOTH OF TWO MENT OF THE THEORY OF THE ANALYSIS OF THE ANALYSIS OF THE THEORY OF THE THE THEORY OF THE THE THEORY OF THE THEORY OF THE THE THEORY OF THE THEORY OF THE THE THE THEORY OF THE THEORY OF THE	eren er konska kurkaan jorden kilo konstant oli sentember varian oleh konstant ili julia kuntus.
The second control of the second of the second	Source of Gift	Name	e of Source of Gift
1.	A CONTRACTOR OF THE PROPERTY O	3.	
2.	programme a residence and re-	4.	and the second s

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PART 7. REF	ODTARÍ È	HONG	DADI		<del>V 24</del>
List the source of any honoraria accepted for appearances or	speeches rel	ated to	Vour o	fficial duties of none check the box	: <u>}.</u> : <u>3,</u> <u>≱%</u>
None				THOROUGH THE DOX.	
Name of Source of Honoraria	and the second	. See ope	7: 1	Name of Source of Honoraria	
1.	3.		- J. E yo		<u> </u>
2.	4.		A	And the second s	See to consider the supplier of the supplier o
PART 8. REPRESENTA	ATION BEFO	ORF S	FATE	AGENCIES	
List each executive branch agency before which you represe the box.	ented or assis	ted oth	ers for	compensation of any amount. If none,	check
None					The control of the co
Name of Agency				Name of Agency	Samuelana errolys, 10.
1.	3.				**************************************
2.	4.				799779878 <u>888</u>
PART 9. BUSINE	SS WITH ST	ATE A	GEN	CIFS	
List each executive branch agency to which you or a member \$1,000 during the reporting period. If none, check the box.	of your imme	diate fa	mily so	old goods or services with a value in exc	ess of
None			· · · · · · · · · · · · · · · · · · ·		<u> </u>
Name of Agency	A STATE OF THE STA			Name of Agency	anaran menanga Salah Ja
1.	3.				Section Sections
2.	4.				tanii Caanaa aagaa ee
PART 10. INCOME RECEIVED	ВҮ МЕМВІ	RS O	FIMM	EDÍATE FAMILY	
List the type of economic activity representing each source or (ren) during the reporting period and the kind of income representation of income received by dependents.	f income of \$	1.000.0	- more	rooping d L	t child use or
Type of Economic Activity Representing Source of Income i	Received	_ appro	cle priate ter	Kind of Income	in the second of
1. Frek Priver		(S)	D	Em al.	man I deconforce,
2. Farming	7,1	(ŝ)	D	Employment complexment	"Mildell account or married 20 year
3.		S	D	Employment	
4.	*** ** ** ****************************	S	D		s American somewhere
ŠI	GNAT URE				
A Legislator who willfully fails to file a required statement 1 M.R.S.A. § 1017-A)	is subject to	a fine	of \$10	9 per business day until the report is	filed.
The intentional filing of a false statement is a Class E crime villfully filed a false statement, it shall refer its findings of fact	e. If the Cor t to the Attorr	nmissio iev Gei	n con	cludes that it appears that a Legislato	or has

If the Commission determines that a Legislator has willfully failed to file a required statement or has willfully filed a false statement, the Legislator shall be presumed to have a conflict of interest on every question and shall be precluded from voting on any question in committee or in either branch of the Legislature, and shall not attempt to influence the outcome of any question.

Signature Lundeen

1- 2-08 Date

ADDRESS PO BOY 471 MASS HILL MRC 14758  ADDITIONAL INFORMATION  Fleese provide any autitional information below (and on additional sheets if needed). Indicate the part or section number for the information you are providing.  First Seeden Number.	NAME: Jac	Lior	e A	)	deer	PARAMETER AND ADDRESS OF THE PARAMETER AND AD	DATE:	1-2-	-08-		
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